

LUMPKIN COUNTY
APPLICATION FOR EMPLOYMENT
DATE _____

LUMPKIN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO AGE, COLOR, DISABILITY, MARITAL STATUS, NATIONAL ORIGIN, RACE, RELIGION, OR SEX.

All applications are evaluated based on individual merit. Information MUST BE COMPLETE so all applications can be given equitable consideration. Application must be typed or printed. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. INCOMPLETE APPLICATIONS WILL BE REJECTED.

POSITION APPLIED FOR:

POSITION: _____

JOB CODE: _____

Last Name	First Name	Middle Name	SOCIAL SECURITY NO. (For Application Identification)	
			() _____	
Address:		Number, Street, Apt. No.	Area Code	Home Phone
			() _____	
City	State	Zip Code	Area Code	Work Phone

PREVIOUS ADDRESS: _____
Street City State Zip Code

How long did you live at that address? _____ Yrs. _____ Mos.

Have you previously been employed by Lumpkin County? _____
If yes, when and what department? _____

WILL YOU ACCEPT: Temporary Work _____ Part-Time Work _____ Shift Work _____ Weekend / Holiday _____

Are you able to perform the essential job functions of the position you are applying for without an accommodation?
____ Yes ____ No

If no, please describe the accommodations necessary for you to perform the essential job functions.

Do you have the legal right to live and work in the United States? Yes No

If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Do you have any relatives working for Lumpkin County government? _____ Yes _____ No

<u>Name</u>	<u>Relationship</u>	<u>City or County Employee</u>
_____	_____	_____
_____	_____	_____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law. _____ No _____ Yes If yes, give complete details: (Date, Place, Charges, Disposition):

CRIMINAL RECORD: Convictions (felonies, misd.)

TRAFFIC RECORD:

<u>Crime</u>	<u>Court</u>	<u>Date</u>	<u>Offense</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Do you have a valid Drivers License? _____ No _____ Yes License # _____ State _____

EDUCATION RECORD

Circle highest year completed:	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4 5 6		
Schools Attended	Did you Diploma	Major		
Past & Present	Name and Location	Graduate?	GED or Degree	Major
High School				Studies
Associates Degree				
Bachelors Degree				
Masters Degree				
Doctorate Degree				
Other (Vocational, Tech,				
AIB, Etc.)				

Employer _____			Employed _____	Supervisor's Name _____
Address _____			From _____ Mo./Yr.	Your Job Title _____
City _____	State _____	Zip Code _____	To _____ Mo./Yr.	Telephone _____
YOUR SALARY			Duties: _____	
Start _____		End _____	_____	
\$ _____		\$ _____	_____	
Reason For Leaving _____				

APPLICANT'S CERTIFICATION AND AUTHORIZATION - Read carefully before signing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge if hired, and that I am required to abide by all rules and regulations of Lumpkin County. I also consent to undergo a physical examination including a drug screen after I have been offered employment, as deemed necessary.

Applicant's Signature _____

Date _____

REFERENCES (at least three - not relatives)

Name and Address	Occupation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use this space for additional information pertinent to your education, training and experience: _____

List licenses and certificates that have a direct bearing on the job you are seeking:

Type of Certificate _____ Specialization _____ Certificate No. _____ Expiration Date _____

Have you served in the U.S. Armed Forces? _____ No _____ Yes If yes, what branch? _____

Rank _____ Applicable Skills Acquired _____

WORK HISTORY

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. May we contact these employers? _____ Yes _____ No

Employer	Employed	Supervisor's Name
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
Start End		
\$ \$		
Reason For Leaving		

Employer	Employed	Supervisor's Name
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
Start End		
\$ \$		
Reason For Leaving		

Employer	Employed	Supervisor's Name
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
Start End		
\$ \$		
Reason For Leaving		

Please detach this sheet from the application and keep for future reference.

LUMPKIN COUNTY SHERIFF'S OFFICE

Equal Opportunity Employers

APPLICATION INFORMATION FORM SO-I

TO: APPLICANT FOR THE LUMPKIN COUNTY SHERIFF'S OFFICE POSITION.

ATTACHED IS AN APPLICATION FOR EMPLOYMENT WITH THE LUMPKIN COUNTY SHERIFF'S OFFICE. YOU MUST BE AT LEAST 21 YEARS OF AGE AND MEET CERTAIN OTHER STANDARDS TO BE CONSIDERED FOR EMPLOYMENT AS A DEPUTY SHERIFF. YOU MUST BE AT LEAST 18 YEARS OF AGE TO BE CONSIDERED FOR EMPLOYMENT AS A DETENTION OFFICER OR COMMUNICATIONS OFFICER.

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION:

1. Certified copy of BIRTH CERTIFICATE.
2. CERTIFICATE OF CITIZENSHIP if naturalized or repatriated citizen of the United States.
3. Certified copy of HIGH SCHOOL / COLLEGE DIPLOMA or GED.
4. Certified copy of MILITARY DISCHARGE (Form DD-214, Member 4), if a veteran of the Armed Forces.
5. GEORGIA P.O.S.T. CERTIFICATE if certified by the State of Georgia as a law enforcement officer.

(A) APPLICANTS WILL BE REQUIRED TO HAVE FINGERPRINTS MADE AS A PART OF A CRIMINAL HISTORY BACKGROUND INVESTIGATION. THE LUMPKIN COUNTY SHERIFF'S DEPARTMENT WILL ARRANGE TO HAVE THIS COMPLETED.

(B) APPLICANTS CONSIDERED FOR EMPLOYMENT MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT POLYGRAPH EXAMINATION AT THE REQUEST AND EXPENSE OF THE LUMPKIN COUNTY GOVERNMENT. POLYGRAPH QUESTIONS MAY BE DRAWN FROM THE FOLLOWING AREAS:
Driving Record, Illegal Drugs, Criminal Activity, Physical Health, Thefts, Work Record

(C) APPLICANTS CONSIDERED FOR EMPLOYMENT ARE REQUIRED TO COMPLETE A PRE-EMPLOYMENT HEALTH SCREEN AT THE REQUEST AND EXPENSE OF THE LUMPKIN COUNTY GOVERNMENT.

(D) APPLICANTS CONSIDERED FOR EMPLOYMENT ARE REQUIRED TO COMPLETE A PRE-EMPLOYMENT DRUG SCREEN AT THE REQUEST AND EXPENSE OF THE LUMPKIN COUNTY GOVERNMENT.

(E) APPLICANTS WHO DO NOT SUCCESSFULLY COMPLETE ANY PART OF THE PRE-EMPLOYMENT PROCESS WILL NOT BE CONSIDERED AS ELIGIBLE FOR EMPLOYMENT.

(F) A BACKGROUND INVESTIGATION OF ALL APPLICANTS WILL BE CONDUCTED BY THE LUMPKIN COUNTY SHERIFF'S OFFICE. THE INVESTIGATION WILL INCLUDE VIEWING RECORDS CONCERNING CRIMINAL AND DRIVER'S HISTORIES. IF ANY, CONTACTING/INTERVIEWING PAST EMPLOYERS AND PERSONAL REFERENCES AS LISTED ON THE APPLICATION, AND CONTACTS WITH OTHER PARTIES THAT MIGHT ARISE FROM THE INVESTIGATION TO CONFIRM SUITABILITY FOR EMPLOYMENT.

(G) THE DURATION OF THE PRE-EMPLOYMENT PROCESS FROM THE RECEIPT OF THE APPLICATION TO THE PRE-EMPLOYMENT INTERVIEW IS APPROX. 60-120 DAYS.

(H) APPLICANTS CONSIDERED FOR EMPLOYMENT WITH THE LUMPKIN COUNTY SHERIFF'S OFFICE MAY BE REQUIRED TO PARTICIPATE IN AN ORAL ASSESSMENT CONDUCTED BY THE SHERIFF'S OFFICE.

(J) UPON SUCCESSFUL COMPLETION OF ALL AFOREMENTIONED REQUIREMENTS, APPLICANTS BEING CONSIDERED FOR EMPLOYMENT WITH THE LUMPKIN COUNTY SHERIFF'S OFFICE ARE SCHEDULED FOR AN INTERVIEW WITH THE SHERIFF.

QUESTIONS REGARDING THE STATUS OF YOUR APPLICATION OR QUESTIONS RELATED TO EMPLOYMENT, INTERVIEWS, ETC. SHOULD BE DIRECTED TO THE LUMPKIN COUNTY SHERIFF'S OFFICE (706) 864-3633.

SHERIFF'S OFFICE QUESTIONNAIRE

THE SHERIFF'S OFFICE IS REQUIRED TO ORDER CREDIT/INVESTIGATIVE BACKGROUND INFORMATION ON APPLICANTS FOR LAW ENFORCEMENT. PLEASE COMPLETE THE FOLLOWING IN ORDER THAT A MORE ACCURATE AND COMPLETE REPORT IS RECEIVED:

POSITIONS REQUIRE SHIFT WORK OR ROTATING SHIFT WORK AND OTHER TYPES OF DEPARTURE FROM STANDARD DAYTIME OPERATING HOURS, WEEKENDS AND HOLIDAY HOURS. AS A NECESSARY CONDITION OF EMPLOYMENT, DO YOU ACCEPT SHIFTS, ROTATING SHIFTS, OR OTHER NECESSARY DEPARTURES FROM STANDARD OPERATING HOURS? _____

DO YOU HAVE ANY MEDICAL OR EMOTIONAL PROBLEMS, OR DISABILITY THAT WOULD PREVENT YOU FROM PERFORMING ALL DUTIES REQUIRED OF A COMMUNICATIONS DISPATCHER? _____
IF YES, EXPLAIN: _____

HAVE YOU EVER WORKED IN A POSITION OF TRUST THAT GAVE YOU AVAILABILITY TO CONFIDENTIAL, PRIVILEGED INFORMATION, OR INFORMATION OF A SECURITY/LAW ENFORCEMENT NATURE? _____
IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN ASKED TO RESIGN OR HAVE YOU EVER BEEN TERMINATED (FIRED) FROM A JOB? _____
IF YES, EXPLAIN: _____

IF YOU HAVE EVER BEEN FINGERPRINTED BY A POLICE OR MILITARY AGENCY OTHER THAN FOR AN ARREST, GIVE DETAILS BELOW. (YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES)

WERE YOU EVER THE SUBJECT OF A COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES, NATIONAL GUARD OR OTHER RESERVE UNIT? _____
IF YES, EXPLAIN: _____

DO YOU DRINK ALCOHOLIC BEVERAGES? _____ IF YES, TO WHAT DEGREE: _____

HAVE YOU BEEN, OR ARE YOU NOW AN UNLAWFUL USER OF, MARIJUANA, OR A DEPRESSANT, STIMULANT, OR NARCOTIC DRUG? _____ IF YES, WHAT WERE THE CIRCUMSTANCES? _____

LIST NAME(S) AND AGE(S) OF CHILDREN AND OTHER DEPENDENTS WHETHER LIVING IN YOUR HOUSEHOLD OR NOT:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S CERTIFICATION (READ THE FOLLOWING STATEMENT BEFORE SIGNING QUESTIONNAIRE):

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN MAY CAUSE ANY OFFER OF EMPLOYMENT MADE BY THE LUMPKIN COUNTY SHERIFF'S OFFICE TO BE WITHDRAWN, OR IF EMPLOYED, MY EMPLOYMENT TO BE TERMINATED. I FURTHER UNDERSTAND THAT ANY EMPLOYMENT OFFERED TO ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND FITNESS INVESTIGATION. I FURTHER AND FULLY UNDERSTAND AND CONSENT TO A POLYGRAPH EXAMINATION CONCERNING THE VERACITY OF MY RESPONSES TO THE INFORMATION REQUESTED ON THIS APPLICATION/QUESTIONNAIRE. I ALSO UNDERSTAND AND AGREE THAT THIS EMPLOYMENT APPLICATION/QUESTIONNAIRE SHALL BE THE PROPERTY OF THE LUMPKIN COUNTY SHERIFF'S OFFICE. I UNDERSTAND AND AGREE THAT IF EMPLOYED, I WILL NOT DIVULGE TO ANYONE ANY CONFIDENTIAL, PRIVILEGED INFORMATION ACQUIRED BY ME

DURING MY EMPLOYMENT, EXCEPT AS MAY BE REQUIRED BY LAW. IT IS UNDERSTOOD THAT, AS A
CONDITION OF EMPLOYMENT IN THE LUMPKIN COUNTY SHERIFF'S OFFICE, I WILL, AS PROVIDED BY LAW
GOVERNING PROTECTIVE SERVICES PERSONNEL, SUBMIT TO A POLYGRAPH TEST WHEN SPECIFICALLY
ORDERED TO DO SO.

SIGNATURE OF APPLICANT

DATE

WITNESS

I CERTIFY THAT I HAVE RECEIVED A COPY OF APPLICANT INFORMATION FORM SO-I (COVER SHEET).

SIGNATURE OF APPLICANT

DATE SIGNED

CONSENT FORM

As an applicant for a protective service position, i.e., Peace Officer, Detention Officer, Dispatcher, etc., or any other classified position wherein I may be located near or around inmates and/or have availability to classified law enforcement data, I hereby authorize Lumpkin County to receive any criminal history records information, driver history records information, or any other pertinent information pertaining to me which may be in the files of any federal, state or local criminal justice agency to be used for the purpose of my background investigation.

FULL NAME PRINTED: First, Middle, Last _____

STREET ADDRESS, APARTMENT NUMBER, ETC. _____ (Do not list Post Office Box Numbers)

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____ EXPIRATION DATE _____

In addition to your current state of residence, list all other states where you have lived. If none other, write "none" in this space:

PLACE OF BIRTH _____ DATE OF BIRTH _____
City/County/State Month/Day/Year

CITIZENSHIP _____ SOCIAL SECURITY NUMBER _____

HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS. SEX _____

RACE: _____ COLOR OR HAIR: _____ COLOR OF EYES: _____
(SPELL OUT) (SPELL OUT) (SPELL OUT)

SIGNATURE OF APPLICANT _____ DATE _____

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____

PERSONAL INQUIRY WAIVER

NAME _____ DATE _____
DATE OF BIRTH _____
SOCIAL SECURITY NUMBER _____

I respectfully request and authorize you to furnish Lumpkin County with any and all information that you may have concerning my school record, reputation, or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist the requesting agency in determining my qualifications and fitness for a position with Lumpkin County.

I hereby release you, your organization, Lumpkin County government, and others from any liability or damage which may result from furnishing the information requested. This instrument is valid for twelve months from the above date and may be photocopied as needed by the requesting official(s).

Applicant's Signature

Address (Number, Street, Apartment)

City State Zip Code

AFFIDAVIT

STATE OF GEORGIA, COUNTY OF LUMPKIN

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 19_____.

Notary Public

My Commission Expires: _____